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23910 7590 04/15/2004

FLIESLER MEYER, LLP  
 FOUR EMBARCADERO CENTER  
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 SAN FRANCISCO, CA 94111



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Michael L. Robbins (Depositor's name)  
 (Signature)  
 6/22/04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/684,017	01/08/2001	James F. Zucherman	KLYC 1000USN SRM	9622

TITLE OF INVENTION: SPINE DISTRACTION IMPLANT AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	07/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WOO, JULIAN W	3731	606-061000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Fliesler Meyer LLP

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Francis Medical Technologies, Inc.

Alameda, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 5

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-13255 (enclose an extra copy of this form).

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06/29/2004 SNINASS2 00000050 061325 09684017

01 FC:2501  
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665.00 DA  
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